Testimony Regarding HB5430

An Act Concerning Opioids

Dear Members of the Public Health Committee,

My name is Jeff Holland and I am a New Canaan resident. Several years ago I was involved in creating the state's Medication Drop Box Program, as well as Good Sam legislation allowing the administration of Naloxone by First Responders. I am writing in support of this proposed legislation; however, I would like to ask that you consider two additions.

Late last year the Drug Enforcement Administration issued a Public Safety Alert about sharp increases in fake prescription pills containing Fentanyl and Methamphetamine. Most of these pills are illicitly manufactured using "Pill Presses", readily available online at a cost of about $500.00. Line 20 begins a list of several types of prohibited equipment, but not pill presses. Federal laws addressing pill presses seem to largely rely on self-reporting the purchase of a pill press, and CT statute (21a-93) relies on prohibitions cited in the Food, Drug, and Cosmetics Act, with a penalty of $500.00 and/or imprisonment of 6 months. As these counterfeit pills are now such a growing threat and of concern to the public, perhaps the state could follow the lead of Florida, Hawaii, Texas, and Utah, increasing the penalties for the possession and illicit use of pill presses, or specifically include this type of equipment in this section.

In addition, unless it is already required, I would like to see consideration of a provision where non-fatal overdoses are reported to the State's Prescription Monitoring Program (PMP), including those involving counterfeit pills (for surveillance purposes.) For example, in response to a growing threat from the misuse of Gabapentin in combination with opioids, The Department of Consumer Protection (DCP) added this previously non-reported medication to the PMP program. The inclusion of non-fatal overdoses in the PMP could help prescribers better manage their patients' care, especially with the knowledge of an adverse drug event, or non-prescribed opioid use that might not be reported by the patient. It could allow an intervention that otherwise might not happen where a prescriber could discuss the risks and safety of opioid use, suggest an alternative therapy, prescribe the opioid overdose reversal drug Naloxone, and/or refer the patient to substance use treatment. I believe HIPAA permits a health care professional to share necessary information about the patient to anyone to lessen the threatened harm. A prescribing physician checking the PMP subsequent to a reported adverse drug event would be in this position.

Although the State monitors overdoses as part of the Statewide Overdose Reporting Directive (SWORD) in concert with OEMS and Poison Control, I don't believe this information is actionable enough to benefit the growing group of patients that would benefit from this care.

Thank you for your consideration of my testimony,

Jeff Holland